UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Request to drop Class Action to Individual Civil Action. Amend Caption to:
Residing Judge: Norma L. Shapiro

Everett Keith Thomas

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

City of Philadelphia Prison System

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☑ No
(check one)

RECEIVED
NOV 12 2015

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Everett Keith Thomas
ID # 681220
Current Institution House of Correction
Address 8001 State Road
Philadelphia, Pa 19136

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B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name City of Philadelphia Shield # N/A
Where Currently Employed House of Correction
Address 8001 State Rd, Philadelphia, Pa 19136

Defendant No. 2
Name City of Philadelphia Shield # N/A
Where Currently Employed Curran Fromhold Correctional Facility
Address 7901 State Road, Philadelphia, Pa 19136

Defendant No. 3
Name N/A Shield # N/A
Where Currently Employed N/A
Address N/A

Defendant No. 4
Name N/A Shield # N/A
Where Currently Employed N/A
Address N/A

Defendant No. 5
Name N/A Shield # N/A
Where Currently Employed N/A
Address N/A

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? House of Correction & Curran Fromhold Correctional Facility

B. Where in the institution did the events giving rise to your claim(s) occur? Housing Unit E1 Cell 740 House of Correction, B1-4-Cell 22 Curran Fromhold Correctional Facility

C. What date and approximate time did the events giving rise to your claim(s) occur? Oct 2014, Oct 31, 2015, Nov 3, 2015 & Nov 4, 2015

D. Facts: Stated on previous Complaint But I wish to Add on 11/3/15 Tuberculin (TB) Skin implant (PPD) Was not reviewed within 48 to 72 hours by medical Staff @ CFCF & I was transferred from a quarrantine block to another institution straight into population and (TB) has not been reviewed by medical Staff as of today! Adding to previous Complaint filed in 2014

What happened to you?

Medical Staff @ CFCF did not review Tuberculin (TB) & was forced to sleep in a blue boat on the floor by an open toilet House of Correction Suffered from Spider bites lead paint insect infestation, Roden infestation, Triple Celling. Amend to original Complaint filed in 2014

Who did what?

Michael Jennings Cellmate @ CFCF B1-4-Cell #22 Currently housed @ Detention Center, 8201 State Road Philadelphia, Pa 19136 Amend to original Complaint filed in 2014

Was anyone else involved?

I do Not Know the only person I Knew Was my Cellmate Michael Jennings - His Aunt # 215-222-2328 Girlfriend # 215-410-1132

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Severe Head Aches, Spider bites Severe Head migraines, Severe Sores, blurred Vision Severe Back Aches, Now I have Severe back & Knee Aches from Blue Boat @ CFCF & from Jumping from a top bunk @ the House of Correction in a Triple Cell @ the age of 53 years old (E1-Cell #740)

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that " [n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ✓ No ____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

House of Correction & Curran Fromhold Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ✓ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ✓ No ____ Do Not Know ____

If YES, which claim(s)? Triple Celling, Spider bites, insect & Rodent Infestation

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ✓ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ✓ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

House of Correction Previously Submitted Grievances

1. Which claim(s) in this complaint did you grieve? Triple Celling insect-Rodent Infestation, Spider bites

2. What was the result, if any? NoNe Did Not recieve Answer from C/o Hamilton on B2 Grievance Coordinator

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. You Can not appeal a decision or grievance that you have not recieved any Answers from Grievance Coordinator C/o Hamilton B2 @ House of Correction

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: In quarrantine @ CFCF No Grievances are Available. Filed grievances @ House of Corrections Amending Complaint to Complaint filed in 2014

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: Stated in prior Complaint filed in 2014 Amending Complaint I Spoke to my social Worker about my TB skin implant not being checked and he said, "That's the System!"

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. All grievances filed was Sent in with prior Complaint in 2014 to the Clerk of Courts Office Several Grievances & Sick Calls Sent with previous Complaint in Oct 2014. Additional grievance Submitted for tuberculin (TB) Skin Implant not reviewed within 48 to 72 hours by medical Staff and was transferred out of quarrantine to another Institution Straight into population Page 7 of Inmate Handbook Page 7 & 46 of Inmate Handbook.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Amending Amount to $35,000.00 for Pain & Suffering, Mental Anguish, Medical Negligence Triple Celling Sleeping in a blue boat less than 36 inches away from an open toilet, Tuberculin (TB) Skin implant (PPD) Not reviewed by medical Staff within 48 to 72 hours & Transferred from quarrantine block not medically Cleared to another Institution and put Straight into population

Spider bites Not properly attended to by medical Staff @ House of Correction Insect and flea bites @ House of Correction exposure to Asbestos & Lead paint in Cells and in Hallway of Housing Unit. In Triple Cell ON E1-Cell 740 on Top Bunk, Knees and back in Severe pain from jumping to get off the bed I am 53 years old. Still have not checked Tuberculin (TB) Skin Implant (PPD) as of today several people transferred Without Medical Clearence. No Fire Suppression System for Institution, No Automated Door System for Institution plumbing piping with Sharpened ends exposed on the housing unit potential Weapons. House of Correction has Serious Violations for Health My Constitutional Rights are Seriously being Violated first and foremost the Living Conditions and the food that we eat.

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes ✓ No ____

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Everett Keith Thomas Class Action Angel Gonzaller Hector Cruz ect.

Defendants City of Philadelphia Prison System

2. Court (if federal court, name the district; if state court, name the county) Eastern

3. Docket or Index number ?

4. Name of Judge assigned to your case Norma L. Shapiro

5. Approximate date of filing lawsuit OCt 2014

6. Is the case still pending? Yes ____ No ✓

If NO, give the approximate date of disposition Closed w/o prejudice

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Closed w/o prejudice Could Not AFFORD THE Filing Fee.

On other claims

C. Have you filed other lawsuits in state or federal court?

Yes ✓ No ____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Everett Keith Thomas

Defendants Kenneth Sherrard

2. Court (if federal court, name the district; if state court, name the county) Eastern

3. Docket or Index number ?

4. Name of Judge assigned to your case Thomas O'Neill Jr.

5. Approximate date of filing lawsuit Oct 2014

6. Is the case still pending? Yes ____ No ✓

If NO, give the approximate date of disposition Closed w/o prejudice ?

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Closed w/o prejudice

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4th day of November, 20 15.

Signature of Plaintiff Everett Keith Thomas

Inmate Number 681220

Institution Address House of Correction
8001 State Road
Phila, Pa 19136

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Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4th day of November, 2015, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Everett Keith Thomas

Rev. 10/2009

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

Everett Keith Thomas
Plaintiff

City of Philadelphia Prison System
Defendant

Civil Action No.

APPLICATION FOR PRISONERS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: House of Correction 8001 State Road, Philadelphia, Pa 19136

I am employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are: N/A

My gross pay or wages are: $ N/A, and my take-home pay or wages are: $ N/A per N/A *(specify pay period)*

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment ☐ Yes ☑ No
(b) Rent payments, interest, or dividends ☐ Yes ☑ No
(c) Pension, annuity, or life insurance payments ☐ Yes ☑ No
(d) Disability, or worker's compensation payments ☐ Yes ☑ No
(e) Gifts, or inheritances ☐ Yes ☑ No
(f) Any other sources ☐ Yes ☑ No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

N/A

4. Amount of money that I have in cash or in a checking or savings account: $ None

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

N/A

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*: N/A

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

FAW Grand Daughter $200/wk

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

$200.00 Elouise Thomas Mother

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

11/4/15 — Date

Everett K. Thomas — Applicant's signature

Everett K. Thomas — Printed name

9. **Certification of Prisoner's Institutional Account Balance:** An authorized prison official must complete the certification below, and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application.

I certify that the prisoner named herein has the sum of $ 30.36 on account at House of Correction correctional institution, where he is presently confined.

I further certify that during the prior six-month period, the prisoner's average monthly account balance was $ 00.00 ; and that the average amount deposited monthly in the account during the prior six-month period was $ 00.00 .

[signature] — *Signature and Title of Authorized Prison Official*

11/5/15 — *Date*

Lock&Track
Inmate Detail
PID: 681220
Since 12/01/2014 00:00 But Before 11/04/2015 11:24

681220 1521385 HOC THOMAS, KEITH E Current Balance $ 30.36

Transaction Details:

Seq No	Date/Time	Type	Status	Check	Description	$Disburse	$Receipt	Running $ Balance
145	12/09/2014 12:37	CASH	POSTED		Cash disbursement	14.25		0.00
146	01/14/2015 14:28	H-NOTARY	POSTED		681220, NOTARY @HOC Comment: 11/7/14	2.00		-2.00
147	01/14/2015 14:45	H-NOTARY	POSTED		681220, NOTARY @HOC	2.00		-4.00
148	01/20/2015 10:58	REFUND	POSTED		Refund K5116836		0.36	-3.64
149	10/31/2015 20:07	OPENING	POSTED		Property received - Admission Ref No: C00928680V		30.00	26.36

C/O [signature]

MOTION TO APPOINT COUNSEL

I ,Everett Keith Thomas on this ___4th___ day of November ______,2015,hereby request that counsel be appointed to this civil action:

EVERETT KEITH THOMAS

v.

CITY OF PHILADELPHIA PRISON SYSTEM

I request that the law firms of: Hangley, Aronchick, Pudlin, Segal & Schiller
Saul Ewing
Cucker, William & Berofsky
Be looked into in as representation in this civil action. Thank you for your attention in this matter herein.

Sincerely,
Everett Keith Thomas
Everett Keith Thomas,
PP#681220

MOTION FOR FEE HEARING

I, Everett Keith Thomas request that a fee hearing take place after the disposition of this civil action, to determine the court fees and attorney fees that will be paid by the defendants in this civil action.

EVERETT KEITH THOMAS

v.

CITY OF PHILADELPHIA PRISON SYSTEM

I submit this motion on this day__7th__of November,2015

Sincerely,

EVERETT KEITH THOMAS,PP# 681220

Everett Keith Thomas

11/6/15

Declaration of Derrick Chasen Reid AKA Derrick Reid PP 1125565.

I, Derrick chasen-Reid, currantly reside at Hoc. The current living situations are very disturbing and somewhat illegal. I sleep in a 3 man cell that is only 8x15. I have bitten by different insects. I have had fluids, urine, water, etc leaked on me as a cause of exposed pipes and pluming. I have woke up to cat feces in the bed that I sleep. I have been denied medical attention after countless requests. I fear for my health because I inhale lead and asbestos on a daily bases. I am fed worse than shelters feed the homeless. They have put me with inmates with serious and even contagious conditions. I have also been strip searched more times than I can count (four to be exact) for no appropiate reason. I have been called out my name a couple times. The one person that I felt would help me in my time of need (social worker) treats me more like a number than a citizen of the US. I also have dislocated discs and other back problems that I made nurses and C/O's aware of, which have only gotten worse from the boats, cold hard floors, and wooden benches, I was forced to sleep on for over 24 hrs. at a time.

[signature] 11/6/15 #1125565

Include in Amended Complaint

10/31/15 Recieved tuberculin (TB) skin Implant (PPD), to be reviewed in 48 to 72
B-1-4 Cell #22 hours by medical Staff to determine if you were exposed to (TB)
CFCF tuberculosis. No one from medical Staff reviewed my skin Implant within 48 to 72 hours from the time of administration, and was taken from a quarrantine block @ the Curran Fromhold Correctional Facility then transferred to the House of Correction on 11/3/15 Still No one from medical Staff reviewed the skin Implant. Filed grievance on 11/4/15, Slept on Blue Boat by open toilet w/open Wounds!

(2) No Fire or evacuation Drills Conducted @ House of Correction

(3) No hygiene products given out on the housing Unit

(4) No Supplees given to housing Unit

11/3/15 Tripled Celled @ House of Correction E1-Cell #740 top bunk @ age of 53 years old. Back & Knees Severely hurt because Cell w/bunk has no ladder jumping from top bunk to get out of bed.

(5) Living Conditions are not in Compliance w/local, State, and federal fire & Safety laws & Regulations

(6) No Wholesome properly prepared, Nutritionally Adequate diet

(7) Dead mice in Vents and Cells

(8) Bed Bug infestation

(9) Roach infestation

(10) Mice infestation

(11) Institution has a dry Wooden Dome potential Fire hazzard

(12) No Fire Suppression System for housing unit

(13)

ASD ☐
CFCF ☐
DC ☐
HOC ☑
PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☑

Name Keith Thomas   Housing Unit E1 - Cell 740
Intake Number 1521385   Police Photo Number 681220

Description of Grievance, Incident or Problem
(include date and time of incident)

I am writing this grievance because I had a tuberculin (TB) Skin Implant (PPD) and it was to be [illegible] within 48 to 72 hours by medical Staff. My Tuberculin (TB) Skin implant was never check by anyone in medical and I was not medically cleared to be moved off a Quarantine Unit @ CFCF but I was Transferred to the House of Correction and put into population and my Tuberculin (TB) Skin Implant Still has not be review ed by medical Staff. So my health could be in danger and you Still [illegible] Several people w/o medical Clearence

Action Requested by Inmate:

I want my TB Skin Implant checked

See: Continuation of Grievance - Page 2   Yes ☐   No ☐

Describe how and when you tried to resolve this Grievance informally.

Spoke to Social Worker Housing Unit has no Sick Call Slips

Date that you are depositing this Grievance in a grievance box:

[illegible] Keith Thomas   11/4/15

(Signature of Grievant)   (Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing
86-570

Everett Keith Thomas
PP# 681220, E1- Cell 740
House of Correction
8001 State Road
Philadelphia, Pa 19136

Michael E. Kunz
Clerk of Courts
United States District Court
Eastern District of Pennsylvania
601 Market Street
Room 2609 U.S. Courthouse
Philadelphia, Pa 19106
RE: Refile & Amend Complaint

U.S.M.S.
X-RAY